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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/578,903			ing Date 08/2007	To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY
	FOR		NUMBER FILED		NUMBER EXTRA		Г	RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1,16(a), (b), or (c))			N/A		N/A		1	N/A]	N/A	
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A			N/A			N/A	
EXAMINATION FEE (37 CFR 1,16(o), (p), or (q))			N/A		N/A			N/A]	N/A	
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 =		•		l	x \$ =		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 =		•		l	X \$ = 1]	X \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sl is a	If the specification and drav sheets of paper, the applica is \$250 (\$125 for small enti- additional 50 sheets or fract 35 U.S.C. 41(a)(1)(G) and S			n size fee due for each thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))										1		
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL]	TOTAL	
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)									L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	05/10/2011	CLAIMS REMAINING AFTER AMENDMEI		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 8	Minus	20		= 0	1	x s =		OR	X \$52=	0
	Independent (37.CFR 1.16(h))	• 1	Minus	3		= 0	1	X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						1			OR		
							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAININ AFTER AMENDMEI		HIGHE NUMBE PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus				l	X \$ =		OR	x s =	
	Independent (37 OFR 1 16(h))		Minus	***]	X \$ =		OR	x s =	
	Application Size Fee (37 CFR 1.16(s))]]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))						l			OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". "The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of Information is equiend by 37 CFR 1.16. The information is equiend to obtain or retain a benefit by the public within it is to file (and by the USRTO to process) an application Condificientity is governed by 38 USs 1.6. 22 and 37 CFR 1.4. This recibited in estimated to their bet 2 minutes to complete, enough equiend in the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the smooth of time you require to complete the form and/or supposeions for reducing this burden, should be sent to the CHI information Office. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.